

# SENTARA COMMUNITY PLAN (MEDICAID)

## PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST\*

**Directions:** The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; **fax to 1-800-750-9692.** No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

**Drug Requested:** Otezla® (apremilast)

**MEMBER & PRESCRIBER INFORMATION:** Authorization may be delayed if incomplete.

Member Name: \_\_\_\_\_

Member Sentara #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

NPI #: \_\_\_\_\_

**DRUG INFORMATION:** Authorization may be delayed if incomplete.

Drug Name/Form/Strength: \_\_\_\_\_

Dosing Schedule: \_\_\_\_\_ Length of Therapy: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD Code, if applicable: \_\_\_\_\_

Weight (if applicable): \_\_\_\_\_ Date weight obtained: \_\_\_\_\_

DIAGNOSIS	Recommended Dose
<input type="checkbox"/> <b>Active Psoriatic Arthritis (PsA)</b>	<ul style="list-style-type: none"> <li>• Titrate to recommended dose of 30 mg twice daily. 60 tablets every 30 days</li> </ul>
<input type="checkbox"/> <b>Moderate to Severe Chronic Plaque Psoriasis</b> - who are candidates for systemic therapy or phototherapy	<ul style="list-style-type: none"> <li>• Titrate to recommended dose of 30 mg twice daily for adults. 60 tablets every 30 days</li> <li>• Titrate to recommended dose of 20 mg orally twice daily for peds pts weighing between 20 kg to &lt; 50 kg, and 30 mg orally twice daily for peds pts weighing ≥ 50 kg. 60 tablets every 30 days</li> </ul>
<input type="checkbox"/> <b>Oral Ulcers associated with Behcet's Disease</b>	<ul style="list-style-type: none"> <li>• Titrate to recommended dose of 30 mg twice daily. 60 tablets every 30 days</li> </ul>

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**CLINICAL CRITERIA:** Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

**DIAGNOSES:** Check the applicable diagnosis below or authorization will be denied.

**Active Psoriatic Arthritis (PsA)**

- Member has a diagnosis of psoriatic arthritis
- Prescribed by or in consultation with a rheumatologist or dermatologist
- Not receiving Otezla® in combination with a biologic DMARD [e.g., **Enbrel®** (etanercept), **Humira®** (adalimumab), **Simponi®** (golimumab), **Orencia®** (abatacept)]
- Trial and failure of, contraindication, or adverse reaction to methotrexate
- Trial and failure of **TWO (2) PREFERRED** drugs below:

<input type="checkbox"/> Humira®	<input type="checkbox"/> Enbrel®	<input type="checkbox"/> Infliximab
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**Moderate to Severe Chronic Plaque Psoriasis - who are candidates for systemic therapy or phototherapy**

- Member must meet **ONE** of the following age and diagnosis requirements:
  - Member is 18 years of age or older with plaque psoriasis
  - Member is 6 years of age or older and weighs at least 20kg with moderate to severe plaque psoriasis who are candidates for phototherapy or systemic therapy
- Prescribed by or in consultation with a dermatologist
- Must have a previous failure on a topical psoriasis agent and be a candidate for phototherapy or systemic therapy
- Not receiving Otezla® in combination with a biologic DMARD [e.g., **Enbrel®** (etanercept), **Humira®** (adalimumab), **Simponi®** (golimumab), **Orencia®** (abatacept)]
- Trial and failure of, contraindication, or adverse reaction to methotrexate
- Trial and failure of **TWO (2) PREFERRED** drugs below:

<input type="checkbox"/> Humira®	<input type="checkbox"/> Enbrel®	<input type="checkbox"/> Infliximab
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**Oral Ulcers associated with Behcet's Disease**

- Medication **must** be prescribed by or in consultation with a rheumatologist or dermatologist
- Member must have ulcers associated with Behcet's Disease

**Medication being provided by Specialty Pharmacy - PropriumRx**

***\*Use of samples to initiate therapy does not meet step-edit/preauthorization criteria.\****

***\*Previous therapies will be verified through pharmacy paid claims or submitted chart notes.\****